

**Medicaid Outpatient Drugs Coverage  
Excluded Drug Coverage Information By State  
January 1, 2006**

**IDAHO**

**DESCRIPTION**

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

**MEDICAID ELIGIBILITY**

This State provides coverage for the Categorically Needy Only.

**EXCLUDED DRUG COVERAGE**

Drugs when used for anorexia, weight loss, weight gain

*Some*

Lipase inhibitors only (Xenical)

Drugs when used to promote fertility

*None*

Drugs when used for cosmetic purposes or hair growth

*None*

Drugs when used for the symptomatic relief of cough and colds

*Some*

Legend cough and cold products

Prescription vitamins and mineral products

*Some*

Injectable B12, vitamin K and analogues, legend vitamin D and analogues, pediatric legend vitamin - fluoride preparations. Legend prenatal vitamins for pregnant or lactating women, legend folic acid, and oral legend drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients.

Nonprescription drugs (Over-the-Counter)

*Some*

Permethrin, oral iron salts, disposable insulin syringes & needles, insulin, and Federal legend medications that change to non-legend status, as well as their therapeutic equivalents.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

*All*

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

*All*

Smoking Cessation (except dual eligibles as Part D will cover)  
*None*

**STATE WEBSITE**

<http://www.healthandwelfare.idaho.gov>

